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Suicide in College: An Evidence-Based Practice Guide for Social Work Practitioners

Hailey Bowler

Utah State University, haileymaqaebelbowler@aggiemail.usu.edu

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SUICIDE IN COLLEGE

AN EVIDENCE-BASED PRACTICE GUIDE FOR
SOCIAL WORK PRACTITIONERS

WRITTEN BY
HAILEY BOWLER

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Introduction

A frequent question that has circulated recently is, "Why is there an increase in suicide amongst college students?" As we further take a look at Evidence Based Research, we will look at common based issues and preventative measures on ways to begin decreasing these unfortunate incidents.

As practitioners, teachers, case managers, parents or students, it is a responsibility to our communities to learn about suicide ideation. By understanding the nature, we are able to assess and establish preventative measures.

Collaboration is an important foundational step in assessing the needs of college students in our various communities. By working with many resources, we can establish preventative measures and reliable support for those who are struggling.

Suicide in the past has often had a large stigma behind it. Awareness is foundational in making changes. It is important to assess stigmas that are both societal as well as personal. Lasting change cannot be achieved unless we are addressing such attitudes. By evaluating the effects of stigmas, we can then proceed to address deeper rooted issues.

Interventions start with awareness of possible risks, motives, and access to harmful elements or objects. Assessments are a preventative measure that allow time for intervention.

Factors that can contribute to potential signs of suicide ideation can be influenced by loneliness, mental health struggles, stress, expectations, and financial struggles.

By using the 5 recommendations, this Evidence Based Research allows you to establish a plan for your community, and establish preventative measures for those struggling with suicide ideation.

Recommendation 1

EVALUATION OF CAMPUS RESOURCES

Collaboration and strategies

Universities are attempting to implement various programs to address suicide and intervention methods. Often, it takes a long time for campuses to be provided the resources to campuses across the nation.

In the age and time of increased technology and online communication, college is more accessible to those who are not near a physical campus. As community members, we need to assess for those who are not only at universities, but those who attend community college or are taking online courses. So how do we accommodate the traditional students, nontraditional students, or those not present at a university?

Through evidence based research, it has been established that for on campus intervention and prevention, "Collaboration is key" [1].

Collaboration comes through many resources in a community. This can include; case workers, therapists, psychiatrist, health care providers, emergency responders, professors, community or religious leaders, and various other resources.

Peer educators or mentors have been a source of positive outcomes pertaining to the wellbeing of students for campus resources. Known as gatekeepers, they allow, "students to build a positive relationship with another student on campus, and feel supported during their education" [2].

Furthermore, as community members continue to collaborate, they will be able to assess particular needs of various regions and what will be most effective for that area. The largest issues are based on policy, time, and money. Changes are beginning to occur, it however takes time and teamwork. What is your community currently doing to improve campus or online access to resources?





AWARENESS

Perception and attitude

What is a common issue amongst various campuses that is a continual concern? Attitude and perceptions. Often times, in situations where heavy topics are discussed, denial can be a coping mechanism. This often can result in having an unaware or indifferent perception of the issue.

Pertaining to suicide, according to a study that was produced, they discovered that out of a 42 percentage, only 10% agreed that it was a problem on their campus [3]. Although some areas may have higher percentages of suicide due to various factors such as environment, lifestyle, mental health, and socioeconomic status. The reality is that unfortunately, suicide happens everywhere.

With those statistics in mind, it is easy to develop a mindset that although there are outside issues, that the particular concern of suicide cannot happen to those around their circle of friends, family and/or acquaintances.

According to study that was conducted in the UK it mentioned that 65% of the participants were convinced that ideas of suicide or attempts rarely occur. These individuals are those who have never experienced someone dealing with ideation. There is a correlation between ignorance of the issues and awareness of the severity of the problem[4].

When individuals do not experience or see the impact of mental health and suicide ideation personally, it is much easier to dismiss or overlook such issues. This is where a strong foundation needs to be built in order to look past those blind spots to help those dealing with suicide ideation and various other mental health struggles.

As practitioners, teachers, or community members, it is essential to correct our personal attitudes by becoming more informed about local suicide rates. By tracking suicide rates, patterns can be discovered through studies or surveys that allow further insight into these concerns. In doing so, the concerns and issues can be further addressed.

Recommendation 3

STIGMAS

Evaluate stigma culture

Stigmas around suicide have often times been associated within three main categories. First, through a mark of shame and disgrace that questions the character or quality of an individual. Second is perceived stigmas which are personal and often the hardest form of judgment. Last is the most common of social stigmas. Social stigmas often portray behavior that leads to discriminating behavior[5].



Although there has been much progress in conversing about stigmas and raising awareness there is a lot of work that needs to be done to influence generations of instilled perceptions of shame.

"The topic of suicide continues to be laden with secrecy, stigma, and shame." [6] It was expressed that often times, weakness, feelings of shame and lacking faith were often frequent emotions that would likely experienced if they divulged their thoughts of suicide. As practitioners, it is essential to normalize the occurrence of suicide ideation.

Due to the culture of shame and condescending behavior, many individuals fear the consequences that come from expressing the struggle with suicidal thoughts. This leads to further problems and less capability to prevent or intervene during times of ideation or attempts. Stigmas often create a barrier for those dealing with suicide ideation to receive the help and resources that they need.

Practitioners can also facilitate bringing awareness to clients, families, community members, students, and professors through education or information. By addressing the concerns for college age students and the ideation they may be dealing with, reduces the stigma and provides healthy outlets for students to resort to in discussing such serious mental health challenges.



INTERVENTIONS

Limitation to destructive resources

A key to prevention of suicide begins by researching interventions and strategies. By being aware of various ways that suicide can occur, the more aware community members, family and friends can be aware of warning signs. "The availability of and preference for specific means of suicide also depend on geographical and cultural contexts" [8].

In America, the often hot topic debate and subject is focused on gun control. As firearms are one of the highest forms of suicide this is a frequent topic of concern when it comes to preventative measures. Due to the political nature and hot topic of gun control, many other means of suicide get looked over.

"Pesticides account for an estimated one-third of the world's suicides"[9]. Poisoning oneself is a method that is the second or third highest in most European countries. Carbon Monoxide poisoning is another form that is commonly used to attempt suicide. These are just a handful of the global means that suicide is attempted.

"One central problem in implementing means restriction strategies is that very few LMICs have accurate information on the methods used in suicides and suicide attempts. These methods often vary" [10]

.When assessing risk factors, it is important to limit those resources to those that can utilize them to attempt suicide. As previously mentioned, gun control is one of many ways that have been considered to attempt to lower suicide rate. There is no one solution fixes all scenario for this rising concern. Although restricting resources is a great preventative measure, it is important to know what signs to look for pertaining to suicide ideation prior to a crisis situation.

Often times there may be an association with mental health struggles. However, ideations can be noticed through mood or appearance changes, isolation, sudden calmness, or remarks about hurting themselves. These are just a handful of ways that suicidal thoughts are presented. The key is to know how to respond to such incidents if someone begins to show these signs.

As practitioners, we can provide cognitive interventions such as DBT(Dialectical behavioral therapy) or CBT (cognitive Behavioral Therapy) as ways to help those individuals who are dealing with ideation..

Recommendation 5

FACTORS

Factors that contribute or enhance suicide attempts for college students

Results have shown evidence in college age students that, "Low extraversion and high neuroticism were positively related to suicide ideation" [10]. Essentially, various personality traits play various factors on mental health, wellbeing, and coping with distress in various ways. This include low extraversion, or being too dependent on what others perceive, as well as neurotic behavior correlate with higher risks of suicide ideation.

Loneliness and isolation can have large impacts on mental health and wellness. According to a study done of Latino college students in the country they found that consistently, depression-loneliness predictor was twice as strong than just one or the other, and is a consistent predictor for suicide ideation [11].

Over time, there has been an increase in issues or concerns surrounding increase in suicide ideation. There is commonly a link between suicide and mental illness, loneliness or isolation, trauma, stress or expectations that cannot be met particularly at a University level.

Issues that contribute also are due to economic or societal wellbeing. We have recently seen a rise in cases of suicide due to COVID-19 and societal unrest that have contributed to the factors of stress, trauma, or isolation [12].

Understanding various economic, societal, and personal factors allows practitioners work closely with colleges and Universities to reach out to those who are in need of assistance. Many universities are becoming overloaded with the amount of students that need mental health attention. Utilizing case management to refer student to outside resources is a proactive way to maintain involvement in students to help stall feelings of isolation. Some ways have been through programs such as CARE programs, mental health clinics, or community resources that collaborate together with colleges or universities.

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